MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-007879
STATE FILE NUMBER

Registration District No. 270 Primary Registration District No. 3050 Registrar's No. 11

DO NOT WRITE ON THIS STUB | AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS | INSTEAD OF | SHOULD READ | ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF

DOCUMENT

FILED FEB 25 1963

1. PLACE OF DEATH
a. COUNTY Pemiscot
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Caruthersville
Length of stay in 1b. 1 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 408 East 13th St.
Inside Limits Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Pemiscott
c. CITY OR TOWN Caruthersville
Inside Limits Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location) 408 East 13th St.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Pairlee Middle Last West

4. DATE OF DEATH Month 2 Day 16 Year 63

5. SEX Female
6. COLOR OR RACE Negro
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 9-24-95
9. AGE (last birthday) 67
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Rollfork, Miss.
12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Pete Brown
13b. MOTHER'S MAIDEN NAME UNK
14. NAME OF HUSBAND OR WIFE Jorden West

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of
16. SOCIAL SECURITY NO.
17. INFORMANT Address Jorden West 408 East 13th St.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause pe
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebrovascular Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 10 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 9 Feb 1963 to 16 Feb 1963 and last saw her/him alive on 16 Feb 1963
Death occurred at 7p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)
22b. ADDRESS Caruthersville, Mo
22c. DATE SIGNED 2/21/63

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 2-24-63
23c. NAME OF CEMETERY OR CREMATORY Magnolia Cemetery
23d. LOCATION (City, town, or county) Caruthersville, Mo (State)

24. FUNERAL DIRECTOR ADDRESS Carters Funeral Home C,Ville, Mo
25. DATE RECD. BY LOCAL REG. 2-23-63
26. REGISTRAR'S SIGNATURE Jack W Tipton

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____; Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed James A Carter

Licensed Embalmer No. 4681

P. O. Address Orville, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.